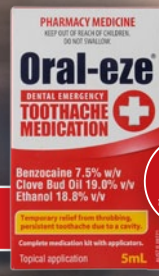


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Today's issue of PD

Pharmacy Daily today features three pages of the latest news, plus a full page from J A Davey.

Photo solution

DNP DST10 Snaplab from J A Davey is an all-in-one photo kiosk, providing pharmacies with a compact photo solution. A low cost per print means improved profitability - learn more on **page four**.

MCCA appoints

THE Medicinal Cannabis Council Australia (MCCA) has appointed Gail Morgan as its inaugural CEO, a move that the organisation said represents "an important step in recognising the organisation as the authoritative national voice for Australia's medicinal cannabis sector".

With more than three decades of experience in policy, communications, stakeholder engagement and advocacy across Australia's healthcare and medicines landscape, Morgan is well positioned to lead MCCA through the next phase of growth and sector development.

The MCCA was formed earlier this year from the merger of the Australian Medicinal Cannabis Association and Medicinal Cannabis Industry Australia (PD 19 Mar).

Guild puts men's health in the spotlight

HEALTH leaders, policymakers, and advocates gathered in Canberra yesterday to discuss the importance of community pharmacy as part of a more accessible, patient-centred approach to men's health.

Hosted by the Pharmacy Guild of Australia, the event had pharmacists on hand in their pop-up consultation room to demonstrate how they can provide safe, accessible and private care for a range of men's health conditions.

These include urological issues, mental health and wellbeing, chronic disease support and preventative health advice.

"Community pharmacies are often the most accessible point of care, particularly for men who may not otherwise engage with the health system," said Guild national president Trent Twomey.

"Making it easier for men to access care will mean they get the treatment and interventions they need earlier - five minutes

in a pharmacy beats five hours in emergency," he added.

Speaking at the event was special envoy for men's health, Dan Repacholi MP (pictured right), who highlighted the convenience and accessibility of pharmacists for men who may be reluctant to engage with other primary care services.

"For a lot of men, the local pharmacy is one of the few places they regularly walk into for health advice," he said.

"It's convenient, it's trusted and it gives blokes the chance to ask questions and get support before a small issue becomes a big one."

"If we're serious about improving men's health outcomes, we've got to meet blokes where they are," Repacholi continued.

"Community pharmacists are already doing that every day, helping men take that first step towards looking after their health."

The event also spotlighted a new pharmacist training initiative -



Men in Mind - to be delivered by Movember and rolled out in a few months' time.

"The Men in Mind program is about giving pharmacists the skills and confidence to have those crucial early conversations that can change, and even save, lives," explained Movember spokesperson Ben Rogers, global Director, health systems.

"Pharmacists are uniquely placed in the community, and this initiative ensures they are supported to meet men where they are, in an approachable and trusted environment." KB

Pharmacy award employees about to get 4.75% pay rise

MINIMUM award workers, including pharmacy professionals covered by the Pharmacy Industry Award, are set to get a 4.75% pay rise from 01 Jul following the Fair Work Commission's (FWC) annual wage review.

The increase is less than the 6% requested by Australian Council of Trade Unions, but more than the 3.5% the Pharmacy Guild of Australia said would be "fair, reasonable, responsible and sustainable" in its submission to

the FWC.

The Guild stated that an increase that exceeds 3.5% would add to inflationary pressures, "aggravate costs and business strain" and "negatively impact the viability of the frontline healthcare services provided by community pharmacies".

The pay rise will affect about one in five of all employees in Australia who are paid at a minimum award rate.

The FWC noted that due to

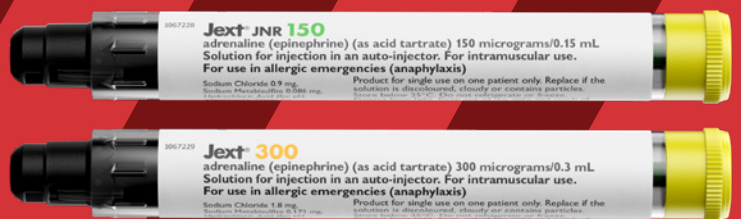
higher than expected inflation and the "wild card" of the Middle East conflict, "regrettably, it is not practicable in the current uncertain circumstances to award a real wage increase", although it contended employees will not be worse off in real terms than they were a year ago.

Pharmacy award employees have received recent pay boosts due to gender undervaluation (PD 17 Apr 2025) and the removal of junior pay rates for adults (PD 01 Apr).

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2026 dementia research grants

THE Dementia Australia Research Foundation has opened its 2026 Grant Program, with a total of \$2.6 million in funding to support 12 innovative dementia research projects across prevention, diagnosis, treatment and care.

The Foundation has introduced this year the Dr Pratishtha Chatterjee Memorial Travel and Collaboration Grant, honouring the significant contributions Dr Chatterjee made to dementia research during her career.

It is designed to support women and culturally and linguistically diverse researchers studying strategies for earlier, more accessible, and more accurate dementia diagnosis.

Successful fellowship applicants will also benefit from an extra \$15,000 for professional development, travel and collaboration opportunities as part of their award.

Foundation Chair Professor Graeme Samuel said that these new opportunities will strengthen research and accelerate impact.

"This year's funding round also places a strong emphasis on professional development, equity and diversity, creating new opportunities for early- and mid-career researchers."

Previous pharmacist recipients of Foundation grants include Dr Amanda Cross, who created resources to support and empower people affected by dementia in making well-informed choices about pharmacological management of urinary incontinence.

Apply for the grants [HERE](#).



Different pathways, same promise

COMMENT

BRONWYN Clark (pictured), CEO of Australian Pharmacy Council (APC), discusses the distinction between capabilities and standards in pharmacy and what each represents.

THE healthcare landscape is shifting fast - and with that shift comes the question: what should today's pharmacy graduates look like?

Some imagine a future where graduates emerge holding a 'Dr' title, prescriber-ready, practising at expanded scope of practice from day one.

Others wonder how education can continue to evolve as expectations of pharmacists grow.

What we all share however is a single priority: the safety and trust of patients.

At APC, our view is simple: a capability-led system, underpinned by strong accreditation standards and robust processes, is the safest and most flexible way to prepare the pharmacists that Australia needs - now and into the future.

Capabilities define what a newly registered pharmacist must be able to do on entry to practice.

Accreditation standards and processes define and monitor how education providers ensure graduates meet the capabilities.

This distinction matters - while content needs to align with capabilities, accreditation standards do not define the structure of programs.

This allows education providers to design and deliver programs with structures that meet the diverse needs of students and the profession.

Across the pharmacy landscape, rapid change has caused understandable confusion about education models for pharmacists:

- pharmacists' scope of practice is expanding
- urgent workforce pressures are reshaping expectations of funders and governments
- technology, telehealth and models of care are changing healthcare and expectations of



the public

- learners themselves are choosing different modes, paces, and styles of study.

Meanwhile, universities are innovating at speed, creating pathways that include Master's degrees leading straight to general registration, accelerated three-year pathways to traditional BPharm (Hons), and new Master's entry options leading to provisional registration.

These innovations are a natural response to a changing profession and changing learners.

When pathways diversify, consistency must come from somewhere else.

That 'somewhere' is a capability-led, outcomes-focused accreditation system.

This is where APC comes in.

Our accreditation standards, underpinned by the Pharmacist Capability Framework, allow for this innovation in pharmacy programs.

Capabilities ensure every graduate - regardless of how they study, how they are taught or the structure of the program - is ready to practise safely, effectively and collaboratively.

Accreditation is not a barrier, it is the enabler that gives universities the flexibility to innovate while giving the public confidence that no matter the pathway, graduates meet the same high bar.

APC develops the accreditation standards that enable choice - for learners, for universities, and for the profession.

We provide clarity in moments of change, stability in moments of pressure, and assurance when pathways evolve.

Our work exists so that innovation in education strengthens, rather than fragments, the profession.

RACGP rejects UTI trial findings

THE Royal Australian College of GPs (RACGP) has cautioned against using findings from the NSW pharmacist UTI prescribing program (PD 02 Jun) to justify broader expansion, stating that "a lack of substantial evidence makes it difficult to fully assess these findings".

The peak body raised concerns that the trial involved an unrepresentative patient cohort, lacked a clinical control group, and "was more focused on measuring the dispensing of medicines rather than whether patients received the healthcare they needed".

"These limitations make the evaluation findings too premature to base policy decisions on," said RACGP president Dr Michael Wright.

"The PATH-UTI trial adds to our understanding of how these models operate under tightly governed trial conditions, and we acknowledge the contribution of the research team," he explained.

"However, it does not establish whether these services deliver better outcomes than GP-led care, reduce overall demand for the health system, or do so without compromising patient safety."

The RACGP pointed to higher rates of GP visits following the pharmacist intervention, raising questions about whether the service made it easier for patients to get the right care or simply delayed appropriate care by creating an extra stop before seeing a GP.

"These are critical questions that must be addressed before broader policy decisions are made," Dr Wright said.

The RACGP urged the NSW Government to conduct further research with a control group and a representative patient cohort, and ensure future services are integrated with general practice.



Dispensary Corner

WHILE undoubtedly beneficial for diabetes patients and people with obesity, GLP-1RA drugs such as Ozempic and Mounjaro have numerous side effects, including gut issues, pancreatitis, allergic reactions and bowel obstruction - not to mention 'Ozempic face'.

However, a less well-known side effect is patulous Eustachian tube dysfunction, an ear condition that can cause people to hear their own voice, breathing, and internal bodily sounds - such as blood flow, heartbeat and even eye movement - at an overwhelming volume.

Often misdiagnosed as ear infections, allergies or fluid in the ear, the condition is due to rapid weight loss, where the reduction in fat surrounding the Eustachian tubes causes one or both tubes to remain open, instead of staying closed most of the time.

The impact is not the same for everyone, and while many people hear the magnified voice and internal sounds, others experience muffled hearing or tinnitus.

Doctors say there was a surge in the condition a few decades ago when bariatric surgery first became popular, although it eventually tapered off until the recent high uptake of GLP-1RA drugs.

Treatment can include staying well hydrated, using saline nasal sprays and avoiding nasal decongestants, while at the more extreme end, there are injectables, stents and surgery.

PRODUCT SPOTLIGHT

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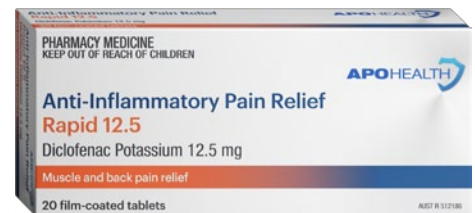
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